



Rental Agreement No: 528142554
Date: 04/20/2022
Document: 982000674085

Direct All Inquiries To:
THE HERTZ CORPORATION
PO BOX 26120
OKLAHOMA CITY, OK 73126-0120

CHARGE DETAIL

Renter: MICHELLE PARFITT
Account No.: *****6006 AMX
CDP No.: 1392782
CDP Name: HERTZ MEMBER PROGRAM

MICHELLE ADRIEN PARFITT
ASHCRAFT&GEREL
1825 K ST NW
WASHINGTON, DC 20006-1202

RENTAL REFERENCE

Rental Agreement No: 528142554
Reservation ID: K09706586F8

RENTAL DETAILS

Rate Plan: IN: OAUD3 OUT: OAUD3
Rented On: 04/18/2022 08:13 LOC# 584001
FALLS CHURCH, VA
Returned On: 04/20/2022 15:16 LOC# 584001
FALLS CHURCH, VA
Car Description: SIREQUINOXFWD1S LDTA99
Veh. No.: 1992643
CAR CLASS Charged: L MILEAGE In: 46,292
Rented: F4 Out: 45,279
Reserved: L Driven: 1,013

MISCELLANEOUS INFORMATION

CC AUTH: 828171 DATE: 2022/04/18 AMT: 649.00

RENTAL CHARGES

DAYS 3 @ 90.00 270.00
SUBTOTAL 270.00
DAMAGE WAIVER (CDW/LDW) 80.97
FUEL PURCHASE OPTION 61.22
VEHICLE LICENSE FEE 1.17
TAX 10.00% 35.22
TOTAL CHARGES 448.58 USD

Gold Plus Rewards Points

Earned this rental: 412

E-RETURN RECEIPT

THANK YOU FOR RENTING FROM HERTZ

Direct All Inquiries To:
THE HERTZ CORPORATION
PO BOX 26120
OKLAHOMA CITY, OK 73126-0120
UNITED STATES

Renter: MICHELLE PARFITT
Account No.: *****6006 AMX

Rental Agreement No: 528142554
Date: 04/20/2022
Document: 982000674085



Ashcraft & Gerel, LLP

Attorneys & Counsellors at Law

Lee C. Ashcraft 1908 – 1993 | Martin E. Gerel 1918 – 2011

Established in 1953

Michelle A. Parfitt, Esq.
mparfitt@ashcraftlaw.com

Main: 202-783-6400

Direct: 703-824-4772

Please respond to the Washington, DC Office.

June 6, 2022

Valerie L. Luckenbach
McManimon, Scotland & Baumann, LLC
75 Livingston Avenue, 2nd Floor
Roseland, NJ 07068

**Re: Invoice #190350
LTL Management**

Dear Ms. Luckenbach:

Enclosed please find a check in the amount of \$60.00 regarding the above referenced invoice.

Thank you for your assistance in this matter.

Very truly yours,

Michelle A. Parfitt

MAP/ep
Enclosure

Baltimore
10 East Baltimore St.
Suite 1212
Baltimore, MD 21202

Fairfax
8280 Willow Oaks Corp. Dr.
Suite 600
Fairfax, VA 22031

Landover
4301 Garden City Dr.
Suite 301
Landover, MD 20785

Silver Spring
8403 Colesville Rd.
Suite 1250
Silver Spring, MD 20910

Washington D.C.
1825 K Street, NW
Suite 700
Washington, D.C., 20006

Case 2:13-cv-00000-MBK Document 296-3 Filed 09/01/22 Entered 09/01/22 12:22:08 Desc Exhibit A-3 expense receipts Page 3 of 62

ASHCRAFT & GEREL LLP / ATTORNEYS AT LAW		432113	
DATE	INVOICE NUMBER	MEMO	BALANCE
04/26/2022	000452184190350	LTL MANAGEMENT 570- 4 LTL Management	60.00
CHECK DATE	CHECK NUMBER		
06/06/2022	000432113	TOTAL	60.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

ASHCRAFT & GEREL LLP
ATTORNEYS AT LAW
OPERATIONS ACCOUNT
8403 COLESVILLE ROAD STE 1250
SILVER SPRING, MD 20910

HANCOCK WHITNEY BANK
228 ST. CHARLES AVENUE
NEW ORLEANS, LA 70130
84-15/654

432113

PAY: Sixty and 00/100 Dollars

NUMBER

DATE

AMOUNT

000432113

06/06/2022

*****60.00

TO THE ORDER OF

MCMANIMON, SCOTLAND & BAUMANN, LLC
75 Livingston Avenue
2nd Floor
Roseland, NJ 07068

Margaret Munnell

SECURITY FEATURES INCLUDED. DETAILS ON BACK

1005951 MCMANIMON, SCOTLAND & BAUMANN, LLC 432113

DATE	INVOICE NUMBER	MEMO	BALANCE
04/26/2022	000452184190350	LTL MANAGEMENT 570- 4 LTL Management	60.00
CHECK DATE	CHECK NUMBER		
06/06/2022	000432113	TOTAL	60.00



McMANIMON • SCOTLAND • BAUMANN

75 Livingston Avenue, Roseland, NJ 07068 (973) 622-1800

Rebecca Love/Ashcraft & Gerel LLP

CLIENT # 00053284-00001

INVOICE # 190350

INVOICE DATE: April 26, 2022

BILLING REF: AS1

INVOICE SUMMARY

For professional services rendered through 03/31/22, in connection with the matter titled:

LTL Management

TOTAL FEES	60.00
TOTAL DISBURSEMENTS ADVANCED	0.00
TOTAL FOR INVOICE	60.00
<hr/>	
PREVIOUS BALANCE	0.00
TOTAL BALANCE DUE	60.00
<hr/>	



McMANIMON • SCOTLAND • BAUMANN

75 Livingston Avenue, Roseland, NJ 07068 (973) 622-1800

LOVE, REBECCA/ASHCRAFT & GEREL LLP

Apr 26, 2022

PAGE 2

PROFESSIONAL SERVICES RENDERED

DATE	ATTY	DESCRIPTION	HOURS	AMOUNT
03/07/22	SBP	Revise pro hac applications for filing	.20	60.00
TOTAL FEES:			.20	60.00

DATE	CODE	DESCRIPTION	AMOUNT
TOTAL DISBURSEMENTS			.00



McMANIMON • SCOTLAND • BAUMANN

75 Livingston Avenue, Roseland, NJ 07068 (973) 622-1800

LOVE, REBECCA/ASHCRAFT & GEREL LLP

Apr 26, 2022

PAGE 3

ACCOUNTS RECEIVABLE INVOICES OUTSTANDING LISTING

INVOICE #	INVOICE DATE	INVOICE TOTAL	PAYMENTS RECEIVED	ENDING BALANCE
		PREVIOUS BALANCE		.00
		BALANCE DUE THIS INVOICE		60.00
		TOTAL BALANCE DUE		60.00

Ashcraft & Gerel, LLP

Alexandria, VA Office
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

Expense Voucher

Name	James Green	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	5/3/2022	Returned	5/4/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$269.64	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$269.64				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

JFG

Employee Signature

Date

Approval Signature

Date

FOR ACCOUNTING USE ONLY

Total Expenses _____
Total Paid by A&G _____
Advance Amount _____
Amount Reimb. _____
Check # _____



PRINCETON MARRIOTT FORRESTAL

GUEST FOLIO

3214	GREEN/JAMES	195.00	05/04/22	12:00	1965
ROOM	NAME	RATE	DEPART	TIME	ACCT#
GD	6522 HEATHER BROOK		05/03/22	17:27	
TYPE	MCLEAN VA 22101		ARRIVE	TIME	
11					
ROOM		VSXXXXXXXXXXXX9607			MBV# 061750071
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	
05/03	M CLUB	1NG/1PER	30.00		
05/03	ROOM TAX	1NG/1PER	1.99		
05/03	OCC TAX	1NG/1PER	1.50		
05/03	MUNI TX	1NG/1PER	.90		
05/03	MARKET	40373214	11.73		
05/03	TR ROOM	3214, 1	195.00		
05/03	ROOM TAX	3214, 1	12.92		
05/03	OCC TAX	3214, 1	9.75		
05/03	MUNI TX	3214, 1	5.85		
				269.64	

See our "Privacy & Cookie Statement" on [Marriott.com](https://www.marriott.com)



PRINCETON MARRIOTT FORRESTAL
100 COLLEGE RD EAST
PRINCETON NJ 08540
609-452-7800

Treat yourself to the comfort of Marriott Hotels in your home. Visit [ShopMarriott.com](https://shop.marriott.com).

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Ashcraft & Gerel, LLP

Alexandria, VA Office
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	3/29/2022	Returned	3/30/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Tolls	\$14.54	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$14.54				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP

Employee Signature

Date

Approval Signature

Date

FOR ACCOUNTING USE ONLY

Total Expenses _____
Total Paid by A&G _____
Advance Amount _____
Amount Reimb. _____
Check # _____

Fwd: [POTENTIALLY SUSPICIOUS MESSAGE] Hertz Toll Receipt

Michelle Parfitt <mparfitt@ashcraftlaw.com>

Wed 5/4/2022 10:16 AM

To: Nan Parfitt <nparfitt@ashcraftlaw.com>; Ellen Pascal <epascal@ashcraftlaw.com>

New Jersey hearing , may4

Get [Outlook for iOS](#)

From: HertzTollProcessing@PlatePass.com <HertzTollProcessing@PlatePass.com>**Sent:** Wednesday, May 4, 2022 1:32:53 AM**To:** Michelle Parfitt <mparfitt@ashcraftlaw.com>**Subject:** [POTENTIALLY SUSPICIOUS MESSAGE] Hertz Toll Receipt

[Message from Cantey Tech Consulting - Mimecast Email Security] * This message contains suspicious characteristics and has possibly originated outside your organization. * Please verify this email is legitimate and comes from a trusted resource. * if you have questions, email help@canteytech.com or phone at 843-278-1827



Receipt 170015071

Rental Agreement: 428341185**Rental Start Date:** 03/29/2022**Rental End Date:** 03/30/2022**Last Name:** PARFITT**Pickup Location:** 0584001 WEST
BROAD ST HLE**Return Location:** 0584001 WEST
BROAD ST HLE**Amount Due:** \$0.00**Thank you for renting with Hertz.**

Hertz utilizes a service called PlatePass which allows its customers to use cashless lanes or all-electronic tollways without using a personal transponder or paying the toll authority directly. The card used for your Hertz rental was charged the cost of the toll(s) and the convenience fee(s) as disclosed in your rental agreement. No further payment or action is necessary. Additional charges may apply if new information is received from toll authorities relating to this rental agreement.

Summary of PlatePass Charges**Toll Charges: \$14.54**

Total: \$14.54

Case 21-30589-MBK Doc 2962-3 Filed 09/01/22 Entered 09/01/22 12:22:08 Desc
Exhibit A-3 expense receipts Page 11 of 62

Amount Charged: \$14.54

AMEX ending in 6006

Amount Due: \$0.00

Need itemized receipt?

Need more information?

www.PlatePass.com

[PlatePass FAQ](#)

[Contact PlatePass](#)

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Ashcraft & Gerel, LLP

Alexandria, VA Office
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	4/18/2022	Returned	4/20/2022
Destination	New York		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Meeting		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Parking	\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Meal	\$3.06	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Meal	\$14.91	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Fuel	\$42.67	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$150.64				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP

Employee Signature

Date

Approval Signature

Date

FOR ACCOUNTING USE ONLY

Total Expenses _____
Total Paid by A&G _____
Advance Amount _____
Amount Reimb. _____
Check # _____

map 4/18/22 - 4/20/22 - NY City
(ADDITIONAL RECEIPTS)

Parkville

MEAN

235 West 48th Street Garage
235 West 48th Street
New York, NY 10036
DCA License: 2098788

Ticket: 908371
LDTA99
Gray Chevrolet
STANDARD

04/18/2022 06:15PM Rate: \$76.03
04/20/2022 08:19AM Tax: \$13.97
Total: 1d14h3m Total: \$90.00

Machine Code
Coupon Value:

1.9744 -
\$0.00

DATE TIME: 2022/04/20 08:20:56 AM
TRANS TYPE: SALE ENTRY METHOD: Chip Read
CARD TYPE: VISA APP LABEL: VISA DEBIT
APPROVAL: 054959 STATUS: A
REF: 000 TUR: 8080008000
CVM: Signature
PAN: 2668 EXP: **/**
NAME: PARFITT/ MICHELLE

Approval
AMOUNT USD \$90.00

I agree to pay above total amount according to
card issuer agreement.

PARFITT/ MICHELLE

Customer Signature

Please allow up to 45min for your car to be
recovered.

CUSTOMER COPY

AREAS USA MDTP, LLC.
MARKETPLACE
MARYLAND HOUSE SERVICE PLAZA
11001992 Keri T

CHK 27702
4/18/2022 1:18 PM

Take Out

1 SM REG COFFEE 2.89

N/A Beverage \$2.89
Tax \$0.17

Payment \$3.06

Change Due \$0.00

Visa (US) \$3.06
XXXXXXXXXXXX2668

----- Check Closed -----
4/18/2022 1:19 PM

For Guest Service, email:
guestservice@areas.com
or 1(800)483-8990

Complete a brief survey at
www.areasask.com

MAD 4/18/22 - 4/20/22 - NY CM
(ADPR. RECEIPTS)

MAN

FUEL

ROY ROGERS
WALT WHITMAN TRAVEL PLAZA
2946 Rafaela

CHK 6679
APR20 '22 10:24AM

2 HMS ALMD ENG 5.5 13.90
PP Almond Energy Trail Mix
5.50z

SUBTOTAL 13.90
TAX 0.91
AMOUNT PAID 14.91
AT017813 XXX2668
VISA CC 14.91
29446 Closed APR20 10:24AM---

DATE 4/20/22 10:15
TRAN: 003087
ATTEND: 3
PUMP: 2 S
SERVICE LEVEL: FULL
PRODUCT: UNL
GALLONS 259
PRICE/G: 159
FUEL SALE 67
CREDIT 42.67

USD\$42.67
*****6006
Entry: Chip Read
AppName: AMERICAN EX
PRESS
AuthNet: AMEX
MODE: Issuer
AID: A00000002501080
1
Auth #: 881191
Resp Code: 000
Stan: 0443836881
Invoice #: 700971
Shift #: 1
Store # *****

order number is: 6679

CALL TODAY TO
APPLY AT
856-428-1250

Ashcraft & Gerel, LLP

Alexandria, VA Office
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	5/3/2022	Returned	5/4/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$257.91	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Rental Car	\$407.83	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Meal	\$6.65	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Parking	\$12.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$684.39				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP

Employee Signature

Date

Approval Signature

Date

FOR ACCOUNTING USE ONLY

Total Expenses _____
Total Paid by A&G _____
Advance Amount _____
Amount Reimb. _____
Check # _____

Fwd: Hertz Receipt

Michelle Parfitt <mparfitt@ashcraftlaw.com>

Thu 5/5/2022 8:24 AM

To: Nan Parfitt <nparfitt@ashcraftlaw.com>

Cc: Ellen Pascal <epascal@ashcraftlaw.com>

Receipt from the car rental for this weeks court hearing in jersey. Thanks, MAP

Begin forwarded message:

From: "Hertz" <HertzNoReply@rentals.hertz.com>**Subject:** Hertz Receipt**Date:** May 5, 2022 at 7:56:47 AM EDT**To:** <mparfitt@ashcraftlaw.com>**Reply-To:** "NoReply" <HertzNoReply@rentals.hertz.com>

Here's Your Hertz Rental Car Receipt.

[VIEW ONLINE](#)

We're here to get you there.

**Your Receipt**[VIEW RECEIPT](#)

01 PN

RR**546018675**

RES

K11008796E9

MICHELLE PARFITT

INITIAL CHARGES

RENT RT	\$	98.54/ DAY	@	2/ DAYS	\$	197.08
SUBTOTAL					T \$	197.08

CHARGES ADDED DURING RENTAL

LDW	ACCEPTED @ \$	26.99 DAY		T \$	53.98
LIS	ACCEPTED @ \$	17.11 DAY		T \$	34.22
PAI, PEC	ACCEPTED @ \$	7.51 DAY		T \$	15.02
PREMRD SVC	DECLINED				
FPO	ACCEPTED			\$	65.66
ADDITIONAL CHARGES*				T \$	9.98
* ADDITIONAL CHARGES					
SAT RADIO	\$	4.99 DY/	34.93 WK/		

SERVICE CHARGES/TAXES

VEHICLE LICENSE COST RECOVERY				T \$.78
TAX	10.000%	ON TAXABLE TTL OF \$	311.06	\$	31.11

TOTAL AMOUNT DUE**\$ 407.83**

CHARGED ON AMX XXXXXXXXXXXX6006

FOR EXPLANATION OF THE ABOVE CHARGES,

PLEASE ASK A REPRESENTATIVE OR GO TO

WWW.HERTZ.COM/CHARGEEXPLAINED

VEHICLE:

01494/625979019SIREQUINOXAWD1S

LICENSE:

FL74BKQR

FUEL:

/8 /8
FULL8 8
OUT IN

MILEAGE IN: 23437

TR-X MILES:

MILEAGE OUT: 23030

MILES ALLOWED:

MILES DRIVEN: 407

MILES CHARGED:

CDP:

00099

WEST

RENTED:

BROAD

ST HLE

RENTAL:

05/03/2208:52

RETURN:

05/05/2207:54

WEST

RETURNED:

BROAD

ST HLE

COMPLETED BY:

5231/VAFAL01

PLAN IN: OAUD2

RATE CLASS: L

PLAN OUT:

OAUD2

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5601 Northwest Expressway, Oklahoma City, OK 73132 U.S.A.



PRINCETON MARRIOTT FORRESTAL

GUEST FOLIO

2214	PARFITT/MICHELLE	195.00	05/04/22	07.24	1964
ROOM	NAME	RATE	DEPART	TIME	ACCT#
GD	207 E COLUMBIA ST		05/03/22	17.28	
TYPE	FALLS CHURCH VA 22046-3526		ARRIVE	TIME	
76					
ROOM		AXXXXXXXXXXXXX6006			MBV# 285246737
CLERK	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
05/03	M CLUB	1NGT/1PE	30.00	
05/03	ROOM TAX	1NGT/1PE	1.99	
05/03	OCC TAX	1NGT/1PE	1.50	
05/03	MUNI TX	1NGT/1PE	.90	
05/03	TR ROOM	2214, 1	195.00	
05/03	ROOM TAX	2214, 1	12.92	
05/03	OCC TAX	2214, 1	9.75	
05/03	MUNI TX	2214, 1	5.85	
05/04	CCARD-AX		257.91	

PAYMENT RECEIVED BY: AMERICAN EXPRESS XXXXXXXXXXXXXXX6006

***** AUTHORIZATION *****

APPROVED

Total: \$245.00 Card Type: AMEX Card Entry CHIP Acct #: *****6006 Approval Code: 860223

***** EMV AUTHORIZATION *****

App Label: AMERICAN EXPRESS Mode: Issuer

AID: A000000025010801 TVR: 0000008000 IAD: 06560103602002 TSI: F800 ARC: 00 AC: 71C043DC9DA8BC04

CVM: 5E0300

.00

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PRINCETON MARRIOTT FORRESTAL
100 COLLEGE RD EAST
PRINCETON NJ 08540
609-452-7800

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

WJP - 5/3/22 - 5/4/22

NJ

Man

Parking

WELCOME TO
SUNOCO

Sunoco
JFK I95 Mark 96
North East MD 21901

Description	Qty	Amount
HERR THIN CHIPS	1	2.19
HERR PB PRET 4 OZ	1	2.19
16 OZ HOT	1	1.89
Subtotal		6.27
Tax		0.38
TOTAL		6.65
DEBIT \$		6.65

SALE Receipt
US DEBIT USD\$6.65
Payment from Primary Account
Acct/Card #: *****2668
Entry: Chip Read
APP LABEL: US DEBIT
MODE: Issuer
AuthNet: MAE DIR
AID:A0000000980840
Auth #: 143965
Resp Code: 000
Stan: 03262245162
Trace #: 381574
Invoice #: 381574
Shift #: 1
Store # *****

Verified By PIN
No Signature Needed

MERCHANT COPY

ST# 652221 TILL XXXX DR# 1 TRAN# 1038588
CSH: 40 5/4/22 3:31:20 PM

WED 05-04-22 01:44 P

[BASE] \$ 12.00
Total \$ 12.00

Card No. XXXX XXXX 3074

Change Amount \$ 12.00

Change \$ 0.00

Ashcraft & Gerel, LLP

Alexandria, VA Office
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	4/11/2022	Returned	4/12/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Tolls (4/13/22)	\$6.45	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$6.45				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP

Employee Signature

Date

Approval Signature

Date

FOR ACCOUNTING USE ONLY

Total Expenses _____
Total Paid by A&G _____
Advance Amount _____
Amount Reimb. _____
Check # _____

MICHELLE A PARFITT

Account Ending 8-56006

p. 4/10

Detail

♦ - denotes Pay Over Time and/or Cash Advance activity



MICHELLE A PARFITT
Card Ending 8-56006

Amount



04/13/22 553214 08540
HERTZ TOLL 428341185
P103217564 22046
TOLL AND BRIDGE FEES

877-411-4300

VA

\$6.45 ♦

Continued on next page

Ashcraft & Gerel, LLP

Alexandria, VA Office
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

Expense Voucher

Name	James Green	Employee Number	
Office	Washington, DC	Dept. No.	120
Departed	5/9/2022	Returned	5/12/2022
Destination	New York		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Mediation		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$1,595.09	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Amtrak (NYC to DC)	\$196.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Cab	\$17.88	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Uber	\$50.71	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$1,859.68				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

JFG
Employee Signature

Date

Approval Signature

Date

FOR ACCOUNTING USE ONLY

Total Expenses _____
Total Paid by A&G _____
Advance Amount _____
Amount Reimb. _____
Check # _____

The Michelangelo

NEW YORK

James Green
207 East Columbia Street, Falls Church, VA, USA
Falls Church VA 22046
United States

Room No. : 736
Arrival : 05-09-22
Departure : 05-12-22
Folio No. : 3573077
Conf No. : 3492484
Cashier : 18
Booking Number :
Page No. : 1

Guest

Date	Description	Charges	Credits
05-09-22	Guest Room Charge	220.15	
05-09-22	State Sales Tax - Room - 8.875%	19.54	
05-09-22	City Sales Tax -Room - 5.875%	12.93	
05-09-22	Occupancy Tax - Room	2.00	
05-09-22	Javits Center Tax - Room	1.50	
05-09-22	Residence Fee	35.00	
05-09-22	State Sales Tax - Residence Fee 8.875	3.11	
05-09-22	City Sales Tax-Residence Fee 5.875%	2.06	
05-10-22	iLounge - Breakfast	180.25	
05-10-22	Guest Room Charge	386.10	
05-10-22	State Sales Tax - Room - 8.875%	34.27	
05-10-22	City Sales Tax -Room - 5.875%	22.68	
05-10-22	Occupancy Tax - Room	2.00	
05-10-22	Javits Center Tax - Room	1.50	
05-10-22	Residence Fee	35.00	
05-10-22	State Sales Tax - Residence Fee 8.875	3.11	
05-10-22	City Sales Tax-Residence Fee 5.875%	2.06	
05-11-22	Guest Room Charge	476.10	
05-11-22	State Sales Tax - Room - 8.875%	42.25	
05-11-22	City Sales Tax -Room - 5.875%	27.97	
05-11-22	Occupancy Tax - Room	2.00	
05-11-22	Javits Center Tax - Room	1.50	
05-11-22	Residence Fee	35.00	
05-11-22	State Sales Tax - Residence Fee 8.875	3.11	
05-11-22	City Sales Tax-Residence Fee 5.875%	2.06	
05-12-22	iLounge - Breakfast	41.84	
05-12-22	Visa Payment		1,595.09

CHECK# 0035845

Parfitt
Green
Buckfield
O'Dell
Tisi
Robinson

CHECK# 0035918

XXXXXXXXXXXX9607

XX/XX

LIFESTYLESM

Preferred
HOTELS & RESORTS

The Michelangelo

NEW YORK

James Green
207 East Columbia Street, Falls Church, VA, USA
Falls Church VA 22046
United States

Guest

Room No. : 736
Arrival : 05-09-22
Departure : 05-12-22
Folio No. : 3573077
Conf No. : 3492484
Cashier : 18
Booking Number :
Page No. : 2

Date	Description	Charges	Credits
Total Charges		1,595.09	
Total Credits			1,595.09
Balance			0.00
			USD

Merchant: Curb Mobility
Contact #: 1(800) 488-870
4
email: cs@socurb.com

CREDIT SALE

HACK # : 05334708
MEDALLION : 4G89
05/12/22 08:30-08:46
TRIP # : 8731
RATE # : 1
STAND. CITY RATE
Miles R1 : 1.28
FARE R1 : \$11.00
STATE SRCHG: \$0.50
IMP. SRCHG. : \$0.30
CGN. SRCH. : \$2.50
TIPS : \$3.58
GRAND TOTAL: \$17.88
VISA ***9607
AUTHOR. : 03403C
MID: *****883
ENTRY METHOD:
CONTACT CHIP
AID: A0000000031010
APPL. NAME:
CHASE VISA
ATC: 0049
TRN REF #: 29585249
VAL CODE: BL42
REC/INV#: 8731
TID: *****312
Mode: Issuer

Hotel to Penn Station

Contact TLC DIAL 3-1-1

Taxi

AMTRAK		B Ticket Coupon		C		Riders		AMTRAK		Baggage	
PURCHASE RECEIPT		01 of 01						PURCHASE RECEIPT			
I acknowledge receipt of ticket and agree to accept billing to the cardholder's named card.		Date of Issue		Place of Issue		Res. #		Name of Passenger			
X		12May220850AM		NYP		800-USA-RAIL		WASHINGTON, DC			
Name of Passenger		Riders		Carrier		Train		From		To	
GREEN/JAMES		141		NYP-WAS		12May22		\$ 196.00			
Endorsement/Restrictions		Not Valid Before/After		Accom		Space/Car		Carrier		Train	
								Date			
								Accom		Space/Car	
PLEASE REFER TO YOUR TICKET TRAVEL DOCUMENT FOR ADDITIONAL FARE RESTRICTION INFORMATION											
Form of Payment		VI 9607 \$196.00		Rail Fare		Accom Charge		Fare Plans		Total	
MERCHANT ID		AUTH CODE		Tkt. Ptr.		REFUND/EXCHANGE PENALTIES MAY APPLY		OTHER TERMS AND CONDITIONS APPLY.		Reservation #	
02478		00973C		NOT VALID FOR TRAVEL							
Total Charge		098184110920									
\$196.00		SEE REVERSE SIDE FOR CONDITIONS OF CONTRACT.									
NRPT 96		STOCK CONTROL NO.		TKT NO - DO NOT MARK OR STAMP IN THIS BLOCK						PASSENGER RECEIPT	

May 12, 2022

Here's your updated ride receipt

**Total****\$50.71**

• You earned 81 points on this trip



\$15.00 of your Amex Benefit has been applied to this trip.

Trip fare	\$33.27
Subtotal	\$33.27
Booking Fee ?	\$4.45
Temporary Fuel Surcharge ?	\$0.55
Tips	\$10.14
DC Fee ?	\$2.30

Payments

	Uber Cash 5/12/22 2:05 PM	\$15.00
	American Express ****2009 5/12/22 2:05 PM	\$25.57
	American Express ****2009 5/12/22 4:47 PM	\$10.14

Receipt ID # ea81fe9c-db13-4506-94c5-a98b5673e0b1

● Uber Rewards

Base points  81

2 points per eligible \$ on Uber Comfort

Ashcraft & Gerel, LLP

Alexandria, VA Office
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

Expense Voucher

Name	James Green	Employee Number	
Office	Washington, DC	Dept. No.	120
Departed	5/22/2022	Returned	5/24/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$800.09	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Hotel meals	\$150.44	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$950.53				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

JFG

Employee Signature

Date

Approval Signature

Date

FOR ACCOUNTING USE ONLY

Total Expenses _____
Total Paid by A&G _____
Advance Amount _____
Amount Reimb. _____
Check # _____



MARRIOTT

PRINCETON MARRIOTT FORRESTAL

GUEST FOLIO

2308	GREEN/JAMES	409.00	05/24/22	08:38	4066
ROOM	NAME	RATE	DEPART	TIME	ACCT#
EK	ASHCRAFT & GEREL		05/22/22	20:33	
TYPE	8403 COLESVILLE ROAD		ARRIVE	TIME	
101	SILVER SPRIN MD 20910				
ROOM		VSXXXXXXXXXXXX9607			MBV#: 061750071
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	
05/22	MARKET 40182308	4.04			
05/22	IRON&IVY 33002308	138.36			
05/22	MARKET 40342308	8.04			
05/22	TR ROOM 2308, 1	289.00			
05/22	ROOM TAX 2308, 1	19.15			
05/22	OCC TAX 2308, 1	14.45			
05/22	MUNI TX 2308, 1	8.67			
05/23	TR ROOM 2308, 1	409.00			
05/23	ROOM TAX 2308, 1	27.10			
05/23	OCC TAX 2308, 1	20.45			
05/23	MUNI TX 2308, 1	12.27			
05/24	CCARD-VS		950.53		
PAYMENT RECEIVED BY: VISA XXXXXXXXXXXXXXX9607					
***** AUTHORIZATION *****					
APPROVED Card Type: VISA Card Entry: CHIP Acct #: *****9607 Approval Code: 07249C					
***** EMV AUTHORIZATION *****					
App Label: VISA CREDIT Mode: Issuer					
AID: A0000000031010 TVR: 0080008000 IAD: 06010A03602002 TSI: F800 ARC: 00 AC: 586AAAD95586B47 CVM: 5E0000					
.00					

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609-452-7800

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

Ashcraft & Gerel, LLP

Alexandria, VA Office
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

Expense Voucher

Name	James Green	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	5/31/2022	Returned	6/2/2022
Destination	New York		
Expenses Incurred for	Total A&G <input type="radio"/>	Your Office <input type="radio"/>	Client <input type="radio"/>
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Mediation		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$1,326.62	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Hotel meal	\$90.77	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Hotel meal	\$58.29	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$1,475.68				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

JFG
Employee Signature

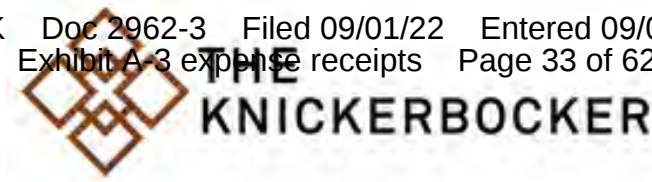
Date

Approval Signature

Date

FOR ACCOUNTING USE ONLY

Total Expenses _____
Total Paid by A&G _____
Advance Amount _____
Amount Reimb. _____
Check # _____



Ms. Michelle Parfitt
8403 Colesville Road, Silver Spring, MD, USA
Silver Spring, MD 20910
United States

Room No. : 0718
 Arrival : 05-31-22
 Departure : 06-02-22
 Folio No. : 266240
 Conf. No. : 407077
 Cashier No. : 247

Company Name:

Group Name:

INFORMATION INVOICE

Date	Description	Charges	Credits
05-31-22	St. Cloud - Dinner	90.77	
	Room# 0718 : CHECK# 6737		
05-31-22	Room Charge	525.00	
05-31-22	City Occupancy Tax - Room	2.00	
05-31-22	City Sales Tax - Room - 5.875%	30.84	
05-31-22	State Sales Tax - Room - 8.875%	46.59	
05-31-22	City Javits Center Tax - Room	1.50	
05-31-22	Residence Fee	40.00	
05-31-22	City Sales Tax - Residence Fee 5.875%	2.35	
05-31-22	State Sales Tax - Residence Fee 8.875%	3.55	
06-01-22	Charlie Palmer at the Knick Breakfast NO TAX	58.29	
	Room# 0718 : CHECK# 763		
06-01-22	Room Charge	545.00	
06-01-22	City Occupancy Tax - Room	2.00	
06-01-22	City Sales Tax - Room - 5.875%	32.02	
06-01-22	State Sales Tax - Room - 8.875%	48.37	
06-01-22	City Javits Center Tax - Room	1.50	
06-01-22	Residence Fee	40.00	
06-01-22	City Sales Tax - Residence Fee 5.875%	2.35	
06-01-22	State Sales Tax - Residence Fee 8.875%	3.55	
06-02-22	Visa Payment		1,475.68
	XXXXXXXXXXXX9607		
	10/23		

Total Charges 1,475.68

Total Credits 1,475.68

Balance **0.00**

Ashcraft & Gerel, LLP

Alexandria, VA Office

4900 Seminary Rd., Suite 650, Alexandria, VA 22311

Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	5/9/2022	Returned	5/12/2022
Destination	New York		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Mediation		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Rental Car (1 way to NY)	\$322.08	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Hotel	\$1,389.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Return Flight	\$158.60	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Checked Bag Fee	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
Tolls	\$39.52	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Tols	\$4.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Dinner (5)	\$596.17	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Meal	\$10.44	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Cab (NYC)	\$67.56	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Cab (DCA to home)	\$39.08	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Tips	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$2,676.45				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP
Employee Signature

Date

Approval Signature

Date

FOR ACCOUNTING USE ONLY

Total Expenses _____
Total Paid by A&G _____
Advance Amount _____
Amount Reimb. _____
Check # _____

Timekeeper Name	Date	Hours	Description	Category
			N.Y. City Meeting - mediation @ special MASTERS	
			S. 9.22 - to 5.12.22	
			TIP	
			Henry (1-way) to N.Y.	\$ 322.08
	5.11.22		Dinner (5) per lunch mediators (Mar 96.20.1M AB)	596.17
			POD	10.44
			Label	\$ 1389.00
			Cos.	67.56
			Airfare - 1 way return	30.00

Web: www.hertz.com



Rental Agreement No: 548335992
Date: 05/09/2022
Document: 942000806869

Direct All Inquiries To:
THE HERTZ CORPORATION
PO BOX 26120
OKLAHOMA CITY, OK 73126-0120

CHARGE DETAIL

Renter: MICHELLE PARFITT
Account No.: *****6006 AMX
CDP No.: 1392782
CDP Name: HERTZ MEMBER PROGRAM

MICHELLE ADRIEN PARFITT
ASHCRAFT&GEREL
1825 K ST NW
WASHINGTON, DC 20006-1202

RENTAL REFERENCE

Rental Agreement No: 548335992
Reservation ID: K1191489085
Special Bill Info: XXAAA

RENTAL DETAILS

Rate Plan: IN: ICOE1 OUT: ICOE1
Rented On: 05/07/2022 12:30 LOC# 584001
FALLS CHURCH, VA
Returned On: 05/09/2022 12:09 LOC# 195614
MANHATTAN, NY
Car Description: TRAX FWD CTRG59
Veh. No.: 6372619
CAR CLASS Charged: F MILEAGE In: 34,273
Rented: B4 Out: 34,000
Reserved: F Driven: 273

MISCELLANEOUS INFORMATION

CC AUTH: 807909 DATE: 2022/05/07 AMT: 552.00

RENTAL CHARGES

DAYS	2 @	119.99	239.98
SUBTOTAL			239.98
DISCOUNT		4.00%	-9.60
SUBTOTAL			230.38
LIABILITY INS. SUPPLEMENT			34.22
FUEL PURCHASE OPTION			30.16
VEHICLE LICENSE FEE			0.78
TAX		10.00%	26.54

Gold Plus Rewards Points

Earned this rental: 261

TOTAL CHARGES 322.08 USD

E-RETURN RECEIPT

THANK YOU FOR RENTING FROM HERTZ

Direct All Inquiries To:
THE HERTZ CORPORATION
PO BOX 26120
OKLAHOMA CITY, OK 73126-0120
UNITED STATES

Renter: MICHELLE PARFITT
Account No.: *****6006 AMX

Rental Agreement No: 548335992
Date: 05/09/2022
Document: 942000806869

Web: www.hertz.com

TOTAL CHARGES 322.08 USD

The Michelangelo

NEW YORK

michelle Parfitt
207 East Columbia Street, Falls Church, VA, USA
Falls Church VA 22046
United States

Guest

Room No. : 734
 Arrival : 05-09-22
 Departure : 05-12-22
 Folio No. : 3573076
 Conf No. : 3492483
 Cashier : 18
 Booking Number :
 Page No. : 1

Date	Description	Charges	Credits
05-09-22	Guest Room Charge	220.15	
05-09-22	State Sales Tax - Room - 8.875%	19.54	
05-09-22	City Sales Tax -Room - 5.875%	12.93	
05-09-22	Occupancy Tax - Room	2.00	
05-09-22	Javits Center Tax - Room	1.50	
05-09-22	Residence Fee	35.00	
05-09-22	State Sales Tax - Residence Fee 8.875	3.11	
05-09-22	City Sales Tax-Residence Fee 5.875%	2.06	
05-10-22	Guest Room Charge	386.10	
05-10-22	State Sales Tax - Room - 8.875%	34.27	
05-10-22	City Sales Tax -Room - 5.875%	22.68	
05-10-22	Occupancy Tax - Room	2.00	
05-10-22	Javits Center Tax - Room	1.50	
05-10-22	Residence Fee	35.00	
05-10-22	State Sales Tax - Residence Fee 8.875	3.11	
05-10-22	City Sales Tax-Residence Fee 5.875%	2.06	
05-11-22	iLounge - Breakfast	16.00	
	CHECK# 0035886		
05-11-22	Guest Room Charge	476.10	
05-11-22	State Sales Tax - Room - 8.875%	42.25	
05-11-22	City Sales Tax -Room - 5.875%	27.97	
05-11-22	Occupancy Tax - Room	2.00	
05-11-22	Javits Center Tax - Room	1.50	
05-11-22	Residence Fee	35.00	
05-11-22	State Sales Tax - Residence Fee 8.875	3.11	
05-11-22	City Sales Tax-Residence Fee 5.875%	2.06	
05-12-22	American Express Payment	XXXXXXXXXXXX6006	1,389.00
		XX/XX	



The Michelangelo

NEW YORK

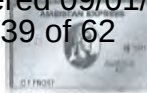
Michelle Parfitt
207 East Columbia Street, Falls Church, VA, USA
Falls Church VA 22046
United States

Guest

Room No. : 734
Arrival : 05-09-22
Departure : 05-12-22
Folio No. : 3573076
Conf No. : 3492483
Cashier : 18
Booking Number :
Page No. : 2

Date	Description	Charges	Credits
Total Charges		1,389.00	
Total Credits			1,389.00
Balance			0.00
			USD





♦ - denotes Pay Over Time and/or Cash Advance activity

004119 3/5

14003

Continued on reverse

jetBlue

RECEIPT

12 May 22

Traveler(s):
PARFITT/MICHELLE A

Confirmation Code:
XVPCWE

Description:

Quantity: Fee:

First Bag

1

\$30.00

\$30.00

****2668
AUTH 062002

10ABAKA048

Merchant: Curb Mobility
Contact #: 1(800) 488-870
4
email: cs@90curb.com

CREDIT SALE

CAB
HACK # : 05987427
MEDALLION : 6L44
05/12/22 04:41-04:41
TRIP # : 135
RATE # : 5
NEGOTIATED RATE
Miles R5 : 0.00
FARE R5 : \$55.50
STATE SRCHG: \$0.50
IMP. SRCHG. : \$0.30
TIPS : \$11.26
GRAND TOTAL: \$67.56
MISC ***2668
AUTHOR. : 094635
*****883
ENTRY METHOD:
CONTACT CHIP
A000000003101
APPL. NAME:
DEBIT
00AC
REF #: 29577127
CODE: VU
REF/INU#: 135
*****312
Issu

--- PANYNJ ---
(25):
LGA_TermA
END (999):
VALID

Fwd: [POTENTIALLY SUSPICIOUS MESSAGE] Hertz Toll Receipt

Michelle Parfitt <mparfitt@ashcraftlaw.com>

Fri 5/20/2022 8:39 AM

To: Nan Parfitt <nparfitt@ashcraftlaw.com>; Ellen Pascal <epascal@ashcraftlaw.com>

Cc: Michelle Parfitt <mparfitt@ashcraftlaw.com>

New York trip.

Thank you. MAP

Begin forwarded message:

From: <HertzTollProcessing@PlatePass.com>**Subject:** [POTENTIALLY SUSPICIOUS MESSAGE] Hertz Toll Receipt**Date:** May 20, 2022 at 2:35:51 AM EDT**To:** <MPARFITT@ASHCRAFTLAW.COM>**Reply-To:** "Information@platepass.com" <Information@platepass.com>

[Message from Cantey Tech Consulting - Mimecast Email Security] * This message contains suspicious characteristics and has possibly originated outside your organization. * Please verify this email is legitimate and comes from a trusted resource. * If you have questions, email help@canteytech.com or phone at 843-278-1827



Receipt 172453229

Rental Agreement: 548335992**Rental Start Date:** 05/07/2022**Rental End Date:** 05/09/2022**Last Name:** PARFITT**Pickup Location:** 0584001 WEST
BROAD ST HLE**Return Location:** 0195614 126 W. 55TH
ST. (W)**Amount Due:** \$0.00**Thank you for renting with Hertz.**

Hertz utilizes a service called PlatePass which allows its customers to use cashless lanes or all-electronic tollways without using a personal transponder or paying the toll authority directly. The card used for your Hertz rental was charged the cost of the toll(s) and the convenience fee(s) as disclosed in your rental agreement. No further payment or action is necessary. Additional charges may apply if new information is received from toll authorities relating to this rental agreement.

Summary of PlatePass Charges



Toll Charges: \$33.57



Convenience Fee: \$5.95

Total: \$39.52
Amount Charged: \$39.52

AMEX ending in 6006

Amount Due: \$0.00

Need itemized receipt?

Need more information?

www.PlatePass.com

[PlatePass FAQ](#)

[Contact PlatePass](#)

Please do not respond to this email as it is from an automated system.

This message (including attachment(s)) may contain information that is privileged, confidential or protected from disclosure. If you are not the intended recipient, you are hereby notified that dissemination, disclosure, copying, distribution or use of this message or any information contained in it is strictly prohibited. If you have received this message in error, please delete this message from your computer. Although we have taken steps to ensure that this e-mail and attachments are free from any virus, we advise that in keeping with good computing practice the recipient should ensure they are actually virus free.

Fw: [POTENTIALLY SUSPICIOUS MESSAGE] Hertz Toll Receipt

Nan Parfitt <nparfitt@ashcraftlaw.com>

Tue 5/31/2022 9:29 AM

To: Ellen Pascal <epascal@ashcraftlaw.com>

Nan Parfitt

Mass Tort Coordinator

Ashcraft & Gerel, LLP

Direct Dial: (703) 824-4769

Office: (202) 783-6400

nparfitt@ashcraftlaw.com



From: Michelle Parfitt <mparfitt@ashcraftlaw.com>

Sent: Tuesday, May 31, 2022 8:39 AM

To: Nan Parfitt <nparfitt@ashcraftlaw.com>

Subject: Fwd: [POTENTIALLY SUSPICIOUS MESSAGE] Hertz Toll Receipt

Thank you

Get [Outlook for iOS](#)

From: HertzTollProcessing@PlatePass.com <HertzTollProcessing@PlatePass.com>

Sent: Tuesday, May 31, 2022 12:29:28 AM

To: Michelle Parfitt <mparfitt@ashcraftlaw.com>

Subject: [POTENTIALLY SUSPICIOUS MESSAGE] Hertz Toll Receipt

[Message from Cantey Tech Consulting - Mimecast Email Security] * This message contains suspicious characteristics and has possibly originated outside your organization. * Please verify this email is legitimate and comes from a trusted resource. * if you have questions, email help@canteytech.com or phone at 843-278-1827



Receipt 172453229

Rental Agreement: 548335992**Rental Start Date:** 05/07/2022**Rental End Date:** 05/09/2022**Last Name:** PARFITT**Pickup Location:** 0584001 WEST
BROAD ST HLE**Return Location:** 0195614 126 W. 55TH
ST. (W)**Amount Due:** \$0.00**Thank you for renting with Hertz.**

Hertz utilizes a service called PlatePass which allows its customers to use cashless lanes or all-electronic tollways without using a personal transponder or paying the toll authority directly. The card used for your Hertz rental was charged the cost of the toll(s) and the convenience fee(s) as disclosed in your rental agreement. No further payment or action is necessary. Additional charges may apply if new information is received from toll authorities relating to this rental agreement.

Summary of PlatePass Charges

**Toll Charges: \$4.00****Total: \$4.00****Amount Charged: \$4.00**

AMEX ending in 6006

Amount Due: \$0.00

Need itemized receipt?

Need more information?

www.PlatePass.com[PlatePass FAQ](#)[Contact PlatePass](#)

M E S

The Capital Grille
120 W 51st Street
New York, NY 10020
212-246-0154

Check #: 38327-8038

Table 21

11 PM

05 PM 05/11/2022

Gst 5

Transaction #: 2022937784

Card: A000000025010801

IC: FFCBA70AE69F6153

Card Name/Label: AMERICAN EXPRESS

Card Verification: Signature

Card DataSource: Chip

Card Number

XXXXXXXXXXXX6006

Auth Code

849718

Amex

Check Amount 511.17

88.00

Gratuity...

596.17

Total...

Member agrees to pay total in
advance with agreement governing
of such card.

STARBUCKS COFFEE
JOHN FENWICK TRAVEL PLAZA

9001844 Jadina

CHK 3079

GST 1

MAY 19 '22 9:39AM

TO GO

LATTE 4.90

W/ NF MLK

072238650011

SQRL FRT & NLT 2.45

Squirrel Fruit and Nut

072238650011

SQRL FRT & NLT 2.45

Squirrel Fruit and Nut

SUBTOTAL 9.80

TAX 0.64

AMOUNT PAID 10.44

AT004853 XXX2163

VISA CC 10.44

9001844 Closed MAY 19 09:39AM--

Fwd: Receipt from Ashenafi Chali

Nan Parfitt <nparfitt@ashcraftlaw.com>

Thu 5/19/2022 8:16 AM

To: Ellen Pascal <epascal@ashcraftlaw.com>

Lynan Parfitt

Mass Tort Coordinator

Ashcraft & Gerel, LLP1825 K Street, NWSuite 700Washington, DC 20006703-824-4769nparfitt@ashcraftlaw.com

Begin forwarded message:

From: Michelle Parfitt <MParfitt@ashcraftlaw.com>**Date:** May 18, 2022 at 10:13:06 PM EDT**To:** Nan Parfitt <NParfitt@ashcraftlaw.com>**Cc:** Michelle Parfitt <MParfitt@ashcraftlaw.com>**Subject:** Fwd: Receipt from Ashenafi Chali

fyi. New york jj trip. Thank you. I have a plane ticket to send.

Begin forwarded message:

From: Ashenafi Chali via Square <receipts@messaging.squareup.com>**Subject:** Receipt from Ashenafi Chali**Date:** May 16, 2022 at 11:22:43 PM EDT**To:** <mparfitt@ashcraftlaw.com>**Reply-To:** Ashenafi Chali via Square<CAESKBIAGhpyX29peXZnc3p5aWl6ZGdtMmVsZXp0YXNzdSIIZGhG9ndWUilCX2sZJUzmrSo7GqzsLTBFtPELZ+vzzoDcm4qgjTX9nF@reply2.squareup.com>

Now when you shop at sellers who use Square, your receipts will be delivered automatically.

[Not your receipt?](#)



Ashenafi Chali

Let Ashenafi Chali know how your experience was



\$39.08

Custom Amount × 1	\$31.26
Purchase Subtotal	\$31.26
Tip	\$7.82
Total	\$39.08

Ashenafi Chali

Visa 2668 (Contactless) May 16 2022 at 11:15 PM

VISA

#1Qlv

VISA CARDHOLDER

Auth code: 082848

AID: A00000000980840

No CVM

**Receipt Settings**[Not your receipt?](#)[Manage preferences](#)© 2022 Block, Inc. [Privacy Policy](#)

Case 21-30589-MBK Doc 2962-3 Filed 09/01/22 Entered 09/01/22 12:22:08 Desc
Exhibit A-3 expense receipts Page 48 of 62

1455 Market Street, Suite 600

San Francisco, CA 94103

Ashcraft & Gerel, LLP

Alexandria, VA Office

4900 Seminary Rd., Suite 650, Alexandria, VA 22311

Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	5/22/2022	Returned	5/24/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Mediation & Status Conference		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Rental Car	\$584.04	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Hotel	\$804.09	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Parking	\$24.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Gas	\$87.83	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Tips	\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$1,509.96				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP
Employee Signature

Date

Approval Signature

Date

FOR ACCOUNTING USE ONLY

Total Expenses _____
Total Paid by A&G _____
Advance Amount _____
Amount Reimb. _____
Check # _____

Expenses: N.J. medical + Status Conference

5.23 to 5.24/

parking	12.00
tips	12.00
	5.00
	5.00
gas	87.83

Hertz - \$ 584.04

total - 804.09

Web: www.hertz.com



Rental Agreement No: 575898993
Date: 05/25/2022
Document: 942000919865

Direct All Inquiries To:
THE HERTZ CORPORATION
PO BOX 26120
OKLAHOMA CITY, OK 73126-0120

CHARGE DETAIL

Renter: MICHELLE PARFITT
Account No.: *****7004 AMX
CDP No.: 1392782
CDP Name: HERTZ MEMBER PROGRAM

MICHELLE ADRIEN PARFITT
ASHCRAFT&GEREL
1825 K ST NW
WASHINGTON, DC 20006-1202

RENTAL REFERENCE

Rental Agreement No: 575898993
Reservation ID: K13138931D6

RENTAL DETAILS

Rate Plan: IN: OAUE3 OUT: OAUE3
Rented On: 05/21/2022 12:24 LOC# 584001
FALLS CHURCH, VA
Returned On: 05/24/2022 17:32 LOC# 584001
FALLS CHURCH, VA
Car Description: SIRGR CHER 4W3S 06BLDI
Veh. No.: 7514854
CAR CLASS Charged: L MILEAGE In: 20,827
Rented: L Out: 20,035
Reserved: L Driven: 792

MISCELLANEOUS INFORMATION

CC AUTH: 823465 DATE: 2022/05/21 AMT: 784.00

RENTAL CHARGES

DAYS 4 @ 79.81 319.24
SUBTOTAL 319.24
DAMAGE WAIVER (CDW/LDW) 107.96
FUEL PURCHASE OPTION 112.40
VEHICLE LICENSE FEE 1.56
TAX 10.00% 42.88
TOTAL CHARGES 584.04 USD

Gold Plus Rewards Points

Earned this rental: 540

E-RETURN RECEIPT

THANK YOU FOR RENTING FROM HERTZ

Direct All Inquiries To:
THE HERTZ CORPORATION
PO BOX 26120
OKLAHOMA CITY, OK 73126-0120
UNITED STATES

Renter: MICHELLE PARFITT
Account No.: *****7004 AMX

Rental Agreement No: 575898993
Date: 05/25/2022
Document: 942000919865

Web: www.hertz.com

TOTAL CHARGES 584.04 USD



MARRIOTT

PRINCETON MARRIOTT FORRESTAL

GUEST FOLIO

2302	PARFITT/MICHELLE	409.00	05/24/22	08:38	4065
ROOM	NAME	RATE	DEPART	TIME	ACCT#
EK	ASHCRAFT & GEREL		05/22/22	20:31	
TYPE	8403 COLESVILLE ROAD		ARRIVE	TIME	
101	SILVER SPRIN MD 20910				
ROOM		AXXXXXXXXXXXXX7004			MBV# 285246737
CLERK	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
05/22	MARKET	40352302		
05/22	TR ROOM	2302.1	4.00	
05/22	ROOM TAX	2302.1	289.00	
05/22	OCC TAX	2302.1	19.15	
05/22	MUNI TX	2302.1	14.45	
05/22	MUNI TX	2302.1	8.67	
05/23	TR ROOM	2302.1	409.00	
05/23	ROOM TAX	2302.1	27.10	
05/23	OCC TAX	2302.1	20.45	
05/23	MUNI TX	2302.1	12.27	
05/24	CCARD-AX		804.09	

PAYMENT RECEIVED BY: AMERICAN EXPRESS XXXXXXXXXXXX7004

***** AUTHORIZATION *****

APPROVED Card Type: AMEX Card Entry: CHIP Acct #: *****7004 Approval Code: 874311

***** EMV AUTHORIZATION *****

App Label: AMERICAN EXPRESS Mode: Issuer

AID: A000000025010801 TVR: 0000008000 IAD: 06580103602402 TSI: E800 ARC: 00 AC: 77CC7FC4D9BB545C

CVM: 5E0300

.00

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MARRIOTT

PRINCETON MARRIOTT FORRESTAL
100 COLLEGE RD EAST
PRINCETON NJ 08540
609-452-7800

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

GAS

Parking

JFK MEM. 1111 7-11-11
Aberdeen MD
21001

DATE 5/22/22 18:17
TRAN# 9240106
PUMP# 24
SERVICE LEVEL: SELF
PRODUCT: UNLD
GALLONS: 18.379
PRICE/G: \$4.779
FUEL SALE \$87.83
DEBIT \$87.83

US DEBIT
USD\$87.83
Payment from
Primary Account
*****2668
Entry: Chip Read
APP LABEL: US DEBIT
AuthNet: MAE DIR
DE: Issuer
CID: A00000000980840
Auth #: 478256
Resp Code: 000
Stan: 0002107265
Invoice #: 15843
Shift #: 1
Store # *****

PTN
es led

05-23-22 05:04 P

ASE] \$ 12.0
\$ 12.0

Card No. XXXX XXXX 1F

ge Amount \$ 12

ge \$ 1

Parking

TUE 05-24-22 12:13 P

ASE] \$ 12.00
Total \$ 12.00

Card No. XXXX XXXX 2F

ge Amount \$ 12

ge \$ 0

Ashcraft & Gerel, LLP

Alexandria, VA Office
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	5/31/2022	Returned	6/2/2022
Destination	New York		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Mediation		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Rental Car	\$407.82	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Hotel	\$1,326.62	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Parking	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Gas	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
Meal	\$5.29	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Meal	\$10.44	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Tips	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$1,895.17				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP
Employee Signature

Date

Approval Signature

Date

FOR ACCOUNTING USE ONLY

Total Expenses _____
Total Paid by A&G _____
Advance Amount _____
Amount Reimb. _____
Check # _____

Tale Bankruptcy Meeting - TDP
N.Y.C.

May 31 - June 2, 2022

tips	20.00 5.00
PARKING (3 days)	100.00
food	5.29 10.44
GAS	20.00

hotel	\$ 1326.62
-------	------------

Hertz	407.82
-------	--------

Web: www.hertz.com



Rental Agreement No: 580642506
Date: 06/03/2022
Document: 922000979326

Direct All Inquiries To:
THE HERTZ CORPORATION
PO BOX 26120
OKLAHOMA CITY, OK 73126-0120

CHARGE DETAIL

Renter: MICHELLE PARFITT
Account No.: *****7004 AMX
CDP No.: 1392782
CDP Name: HERTZ MEMBER PROGRAM

MICHELLE ADRIEN PARFITT
ASHCRAFT&GEREL
1825 K ST NW
WASHINGTON, DC 20006-1202

RENTAL REFERENCE

Rental Agreement No: 580642506
Reservation ID: K1411985687

RENTAL DETAILS

Rate Plan: IN: OAUD3 OUT: OAUD3
Rented On: 05/31/2022 11:07 LOC# 584001
FALLS CHURCH, VA
Returned On: 06/02/2022 17:42 LOC# 584001
FALLS CHURCH, VA
Car Description: SIR EDGE2.0AWDN RFT4087
Veh. No.: 9500505
CAR CLASS Charged: L MILEAGE In: 8,867
Rented: L Out: 8,377
Reserved: L Driven: 490

MISCELLANEOUS INFORMATION

CC AUTH: 865994 DATE: 2022/05/31 AMT: 608.00

RENTAL CHARGES

DAYS	3 @	64.80	194.40
SUBTOTAL			194.40
DAMAGE WAIVER (CDW/LDW)			95.97
FUEL PURCHASE OPTION			87.12
VEHICLE LICENSE FEE			1.17
TAX			29.16
TOTAL CHARGES			407.82 USD

Gold Plus Rewards Points

Earned this rental: 471

E-RETURN RECEIPT

THANK YOU FOR RENTING FROM HERTZ

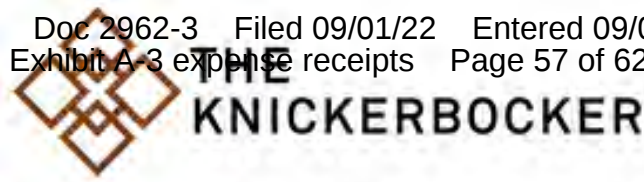
Direct All Inquiries To:
THE HERTZ CORPORATION
PO BOX 26120
OKLAHOMA CITY, OK 73126-0120
UNITED STATES

Renter: MICHELLE PARFITT
Account No.: *****7004 AMX

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TOTAL CHARGES 407.82 USD



Ms. Michelle Parfitt
8403 Colesville Road, Silver Spring, MD, USA
Silver Spring, MD 20910
United States

Room No. : 0717
 Arrival : 05-31-22
 Departure : 06-02-22
 Folio No. : 266241
 Conf. No. : 407076
 Cashier No. : 6

Company Name:

Group Name:

INFORMATION INVOICE

Date	Description	Charges	Credits
05-31-22	Room Charge	525.00	
05-31-22	City Occupancy Tax - Room	2.00	
05-31-22	City Sales Tax - Room - 5.875%	30.84	
05-31-22	State Sales Tax - Room - 8.875%	46.59	
05-31-22	City Javits Center Tax - Room	1.50	
05-31-22	Residence Fee	40.00	
05-31-22	City Sales Tax - Residence Fee 5.875%	2.35	
05-31-22	State Sales Tax - Residence Fee 8.875%	3.55	
06-01-22	Room Charge	545.00	
06-01-22	City Occupancy Tax - Room	2.00	
06-01-22	City Sales Tax - Room - 5.875%	32.02	
06-01-22	State Sales Tax - Room - 8.875%	48.37	
06-01-22	City Javits Center Tax - Room	1.50	
06-01-22	Residence Fee	40.00	
06-01-22	City Sales Tax - Residence Fee 5.875%	2.35	
06-01-22	State Sales Tax - Residence Fee 8.875%	3.55	
06-02-22	American Express Payment		1,326.62
	XXXXXXXXXXXX7004		
	05/27		
Total Charges		1,326.62	
Total Credits			1,326.62
Balance			0.00

Parking

GAS

6th Avenue Garage LLC
1114 6th Avenue
New York, NY 10036
CA License: 2098320
(646) 442-9253

TX RFT4087
BLACK CARD
STAI

05/31/2022 09:21PM Rate: \$
06/02/2022 11:44AM Tax: \$
Total: 1d14h22m Total: \$1

on Code 13C
on Value:

DATETIME:2022/06/02 11:46:00 AM
TRANS TYPE:SALE ENTRY METHOD:Chip Read
CARD TYPE:VISA APP LABEL:VISA DEBIT
APPROVAL:042409 STATUS:A
REF:000 TVR:8080008000
CVM:Signature
PAN:2668 EXP:*/**
NAME:PARFITT/ MIC

Approval
AMOUNT USD \$100.00

I agree to pay above total amount according to
card issuer agreement.

PARFITT/ MICHELLE

Customer Signature
Please allow up to 45min for your car to be del
ivered.

CUSTOMER COPY

NEW BRITAIN
CHERRY HILL NJ
08002

DATE 6/2/22 13:25
TRAN# 4037363
ATTENDANT# 3
PUMP# 05
SERVICE LEVEL: FULL
PRODUCT: UNLD
GALLONS: 4.107
PRICE/G: \$4.869
FUEL SALE \$20.00
CREDIT \$20.00

USD\$20.00
*****2668
Entry: Chip Read
App Name: US DEBIT
AuthNet: VISA
MODE: Issuer
ID: A000000098084
Auth #: 046577
Resp Code: 000
Stan: 04861779275
Invoice #: 484539
Shift #: 1
Store # *****

PIN Bypassed

MEAS

AREAS USA MDTP, LLC.
DUNKIN DONUTS
MARYLAND HOUSE SERVICE PLAZA
32119 Namiah S

CHK 25842

31 May'22 6:01 PM

Take Out

1 LATTE MD 4.99

V/A Beverage \$4.99
Tax \$0.30

Payment \$5.29

Change Due \$0.00

Visa (US) \$5.29

XXXXXXXXXXXX2668

----- Check Closed -----

31 May'22 6:01 PM

For Guest Service, email:
guestservice@areas.com
or 1(800)483-8990

Complete a brief survey at
www.areasask.com

Starbucks Coffee
WALT WHITMAN TRAVEL PLAZA

9001076 Anjanae

CHK 4078

JUN02'22 1:36PM

GST 1

DINE IN

1 LATTE G 4.90

ADD NF MILK

072238660011

1 SQRL FRT & NUT 2.45

Squirrel Fruit and Nut

072238660011

1 SQRL FRT & NUT 2.45

Squirrel Fruit and Nut

SUBTOTAL 9.80

TAX 0.64

AMOUNT PAID 10.44

AT009958 XXX2668

VISA CC 10.44

--9001076 Closed JUN02 01:36:11--

Ashcraft & Gerel, LLP

Alexandria, VA Office
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	5/3/2022	Returned	5/4/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G <input type="radio"/>	Your Office <input type="radio"/>	Client <input type="radio"/>
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Tolls	\$17.95	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$17.95				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP
Employee Signature

Date

Approval Signature

Date

FOR ACCOUNTING USE ONLY

Total Expenses _____
Total Paid by A&G _____
Advance Amount _____
Amount Reimb. _____
Check # _____

Fwd: [POTENTIALLY SUSPICIOUS MESSAGE] Hertz Toll Receipt

Michelle Parfitt <mparfitt@ashcraftlaw.com>

Fri 6/3/2022 7:33 AM

To: Nan Parfitt <nparfitt@ashcraftlaw.com>; Ellen Pascal <epascal@ashcraftlaw.com>

Cc: Michelle Parfitt <mparfitt@ashcraftlaw.com>

Begin forwarded message:

From: <HertzTollProcessing@PlatePass.com>**Subject:** [POTENTIALLY SUSPICIOUS MESSAGE] Hertz Toll Receipt**Date:** June 3, 2022 at 2:07:32 AM EDT**To:** <MPARFITT@ASHCRAFTLAW.COM>**Reply-To:** "Information@platepass.com" <Information@platepass.com>

[Message from Cantey Tech Consulting - Mimecast Email Security] * This message contains suspicious characteristics and has possibly originated outside your organization. * Please verify this email is legitimate and comes from a trusted resource. * if you have questions, email help@canteytech.com or phone at 843-278-1827



Receipt 173354520

Rental Agreement: 546018675**Rental Start Date:** 05/03/2022**Rental End Date:** 05/05/2022**Last Name:** PARFITT**Pickup Location:****Return Location:****Amount Due:** \$0.00**Thank you for renting with Hertz.**

Hertz utilizes a service called PlatePass which allows its customers to use cashless lanes or all-electronic tollways without using a personal transponder or paying the toll authority directly. The card used for your Hertz rental was charged the cost of the toll(s) and the convenience fee(s) as disclosed in your rental agreement. No further payment or action is necessary. Additional charges may apply if new information is received from toll authorities relating to this rental agreement.

Summary of PlatePass Charges**Toll Charges: \$12.00**



Convenience Fee: \$5.95

Total: \$17.95
Amount Charged: \$17.95

AMEX ending in 6006

Amount Due: \$0.00

Need itemized receipt?

Need more information?

www.PlatePass.com

[PlatePass FAQ](#)

[Contact PlatePass](#)

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